

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212537795					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AREVA NP INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA 23462</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 9/30/2012</p> <p>SCC ID NO: F1463597</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000	
CLASS	AUTHORIZED						
COMMON	10,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3315 OLD FOREST ROAD OF28</p> <p style="text-align: center;">CITY/ST/ZIP: LYNCHBURG, VA 24501</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL W RENCHECK TITLE: P/CEO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL W RENCHECK TITLE: P/CEO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL W RENCHECK TITLE: P/CEO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETER F CASTINE TITLE: VICE PRESIDENT ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PETER F CASTINE TITLE: VICE PRESIDENT ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: PETER F CASTINE TITLE: VICE PRESIDENT ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID M ROYER TITLE: SECRETARY ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DAVID M ROYER TITLE: SECRETARY ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DAVID M ROYER TITLE: SECRETARY ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HERBERT M WINEGARD TITLE: ASST SECRETARY ADDRESS: 7207 IBM DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28262 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HERBERT M WINEGARD TITLE: ASST SECRETARY ADDRESS: 7207 IBM DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28262	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: HERBERT M WINEGARD TITLE: ASST SECRETARY ADDRESS: 7207 IBM DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28262	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURIE S HARRIS TITLE: TREASURER ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LAURIE S HARRIS TITLE: TREASURER ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: LAURIE S HARRIS TITLE: TREASURER ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT A WILLIAMS TITLE: CFO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT A WILLIAMS TITLE: CFO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT A WILLIAMS TITLE: CFO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G FRANCH SENIOR VP 7207 IBM DRIVE CHARLOTTE, NC 28262	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARKUS BIRKHOFFER DIRECTOR 33 RUE LAFAYETTE PARIS, 75009, FR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE-MARIE CHOHO DIRECTOR 33 RUE LAFAYETTE PARIS, 75009, FR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDE JAOUEN DIRECTOR 1 PLACE JEAN MILLIER Paris, 92084, FR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIPPE KNOCHE DIRECTOR 33 RUE LAFAYETTE Paris, 75009, FR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON J. LAND SENIOR VP 2101 HORN RAPIDS ROAD RICHLAND, WA 99354	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY M. MIGNOGNA SENIOR VP 3315 OLD FOREST ROAD LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID M ROYER		DAVID M ROYER, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			